

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 202 059 FILING DATE 6-3-88
APPLICANT(S) Haraszavay,

CLAIMS	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
	1	1	1	1	1	1	1	1	1	1	1	1
2	1	1	1	1	1	1						
3	1	1	1	1	1	1						
4	1	1	1	1	1	1						
5	2	2	2	2	2	2						
6	2	2	2	2	2	2						
7	2	2	2	2	2	2						
8	2	2	2	2	2	2						
9	2	2	2	2	2	2						
10	2	2	2	2	2	2						
11	①	1	1	2								
12	1	1	1	1								
13	1	1	1	1								
14	1	1	1	1								
15	1	1	1	1								
16	1	1	1	1								
17	1	1	1	1								
18	1	1	1	1								
19	2	2	2	2								
20	1	1	1	1								
21	1	1	1	1								
22	1	1	1	1								
23	1	1	1	1								
24	1	1	1	1								
25	1	1	1	1								
26	1	1	1	1								
27	1	1	1	1								
28	①	2	2	2								
29	①	2	2	2								
30	①	2	2	2								
31	①	2	2	2								
32	1	1	1	1								
33	1	1	1	1								
34	1	1	1	1								
35	1	1	1	1								
36	1	1	1	1								
37	1	1	1	1								
38	1	1	1	1								
39	1	1	1	1								
40	①	2	2	2								
41	①	2	2	2								
42	①	2	2	2								
43												
44												
45												
46												
47												
48												
49												
50												
TOTAL IND.	11	11	11	11	11	11						
TOTAL DEP.	37	43	43	43	43	43						
TOTAL CLAIMS	48	54	54	54	54	54						